

AMENDED IN ASSEMBLY AUGUST 21, 1998

AMENDED IN ASSEMBLY JUNE 15, 1998

AMENDED IN ASSEMBLY JUNE 1, 1998

AMENDED IN SENATE JANUARY 20, 1998

AMENDED IN SENATE JANUARY 7, 1998

AMENDED IN SENATE APRIL 8, 1997

SENATE BILL

No. 694

Introduced by Senator Polanco

(Coauthor: Senator Alpert)

~~(Coauthor: Assembly Member Granlund)~~

(Coauthors: Assembly Members Granlund and Honda)

February 25, 1997

An act to add Part 7 (commencing with Section 122400) to Division 105 of the Health and Safety Code, relating to hepatitis.

LEGISLATIVE COUNSEL'S DIGEST

SB 694, as amended, Polanco. Hepatitis C.

Existing law contains various provisions relating to communicable disease prevention and control programs, including those conducted by the State Department of Health Services.

This bill would make various legislative findings with respect to hepatitis C and would declare the intent of the Legislature to study the adequacy of the health care delivery system as it pertains to hepatitis C.

This bill would require the State Department of Health Services to make available protocols and guidelines developed by the National Institutes of Health and California legislative advisory committees on hepatitis C for educating physicians and health professionals and training community service providers, as specified. *The bill would provide that nothing in the bill shall be construed to require the department to develop or produce any protocol, guideline, or proposal.*

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Part 7 (commencing with Section
2 122400) is added to Division 105 of the Health and Safety
3 Code, to read:

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PART 7. HEPATITIS C

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CHAPTER 1. GENERAL PROVISIONS

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9 122400. This chapter shall be known, and may be
10 cited, as the Hepatitis C Education, Screening, and
11 Treatment Act.

12 122405. The Legislature hereby finds and declares all
13 of the following:

14 (a) Hepatitis C is classified as a silent killer, where no
15 recognizable signs or symptoms occur until severe liver
16 damage has occurred.

17 (b) Hepatitis C has been characterized by the World
18 Health Organization as a disease of primary concern to
19 humanity.

20 (c) Studies indicate that 1.8 percent of the population,
21 nearly 4 million Americans, carry the virus HCV that
22 causes hepatitis C. In California, as many as 500,000
23 individuals may be carriers and could develop the
24 debilitating and potentially deadly liver disease
25 associated with hepatitis C in their lifetime. An expert
26 panel, convened in March by the National Institutes of



1 Health (NIH), estimated that 30,000 acute new infections
2 occur each year in the United States, and only 25 to 30
3 percent of those are diagnosed. Current data sources
4 indicate that 8,000 to 10,000 Americans die from hepatitis
5 C each year.

6 (d) Studies also indicate that 39.4 percent of male
7 inmates and 54.5 percent of female inmates in California
8 correctional facilities have hepatitis C, 26 times higher
9 than the general population. Upon their release from
10 prison, these inmates present a significant health risk to
11 the general population of California.

12 (e) It is the intent of the Legislature to study the
13 adequacy of the health care delivery system as it pertains
14 to hepatitis C.

15 122410. (a) The State Department of Health Services
16 shall make available protocols and guidelines developed
17 by the National Institutes of Health and California
18 legislative advisory committees on hepatitis C for
19 educating physicians and health professionals and
20 training community service providers on the most recent
21 scientific and medical information on hepatitis C
22 detection, diagnosis, treatment, and therapeutic
23 decisionmaking.

24 (b) The guidelines referenced in subdivision (a) may
25 include, but not be limited to, all of the following:

26 (1) ~~Proposals for tracking~~ *Tracking* and reporting of
27 both acute and chronic cases of hepatitis C by public
28 health officials.

29 (2) ~~Proposals for a~~ A cost-efficient plan to screen the
30 prison population and the medically indigent population
31 in California.

32 (3) ~~Proposals for protocols~~ *Protocols* within the
33 Department of Corrections to enable that department to
34 provide appropriate treatment to prisoners with hepatitis
35 C.

36 (4) ~~Proposals for protocols~~ *Protocols* for the education
37 of correctional peace officers and other correctional
38 workers who work with prisoners with hepatitis C.

1 (5) ~~Proposals for protocols~~ *Protocols* for public safety
2 and health care workers who come in contact with
3 hepatitis C patients.

4 (6) ~~Proposals for surveillance~~ *Surveillance* programs
5 to determine the prevalence of hepatitis C in ethnic and
6 other high-risk populations.

7 (7) ~~Proposals for education~~ *Education* programs for
8 high-risk individuals, including, but not limited to,
9 individuals who received blood transfusions prior to 1992,
10 hemophiliacs, veterans, students, and minority
11 communities. Education programs may provide
12 information and referral on hepatitis C including, but not
13 limited to, education materials developed by
14 health-related companies, community-based or national
15 advocacy organizations, counseling, patient support
16 groups, and existing hotlines for consumers.

17 (c) *Nothing in this section shall be construed to*
18 *require the department to develop or produce any*
19 *protocol, guideline, or proposal.*

